

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

91658551

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		2					54						
5		2					55						
6		2					56						
7		2					57						
8		2					58						
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11		2					61						
12		2					62						
13	1						63						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
T TAL IND.	2						TOTAL IND.						
T TAL DEP.	15						TOTAL DEP.						
T TAL CLAIMS	17						TOTAL CLAIMS						